| NOAA FORM 41-1 (3/00)   | J.S. DEPARTMENT OF COM<br>DATMOSPHERIC ADMINIST | IMERCE<br>RATION | REQUISITION N          | UMBER<br>by Office Services) |  |
|---|---|------------------|------------------------|------------------------------|--|
| REQUEST FOR OFFICE SERVICES   | A TIENCE ADMINIO                                | TOTTION          | (10 be assigned        | by Office Scrvices,          |  |
| TO: (Retain last copy and forward balance of set)                           | FROM: ORIGINATING OFFICE                        |                  |                        |                              |  |
| Personal Property and Transportation Branch                                 |   |                  |                        |                              |  |
| Property  | ROUTING CODE BUILDIN                            |                  | NG                     | ROOM NUMBER                  |  |
| Transportation  | FOR REFERENCE CONSULT                           |                  | TEL                    | CODE & EVT                   |  |
| Assets Facility Acquisition and Management Division                         | FOR REFERENCE CONSULT T                         |                  |                        | EL, CODE & EXT.              |  |
| Assets Management Team  | DATE OF REQUEST                                 |                  | DATE SERVICES REQUIRED |                              |  |
| Assets Accounting Planning and Relocation Team                              | ORGANIZATION CODE                               |                  |                        |                              |  |
|   |   |                  | TASK NUMBER            |                              |  |
| DESCRIPTION OF SERVICES REQUIRED  | <u> </u>  |                  |                        |                              |  |
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| APPROVAL (Signature of official authorized to approve expenditure of funds) |   |                  | DATE                   |                              |  |
|   |   |                  |                        |                              |  |
|   |   |                  |                        |                              |  |